

Kansas Department of Health and Environment

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CHILD HEALTH ASSESSMENTS

YOUR CHILD SHOULD BE SEEN DURING THE PRESCHOOL YEARS BY A HEALTH PROFESSIONAL ACCORDING TO THE FOLLOWING SCHEDULE:

AT BIRTH	6 MONTHS	18 MONTHS	THEN
1 MONTH	9 MONTHS	24 MONTHS	EVERY
2 MONTHS	12 MONTHS	4 YEARS	TWO YEARS
4 MONTHS	15 MONTHS	5 YEARS	

EVERY CHILD SHOULD TO BE SEEN AT LEAST 13 TIMES FROM BIRTH TO SCHOOL ENTRY. A CAREFUL EXAMINATION OF EYES AND EARS SHOULD BE INCLUDED IN THE ASSESSMENT.

DENTAL

A CHILD'S INITIAL VISIT TO A DENTIST SHOULD TAKE PLACE WHEN THE CHILD IS 2 YEARS OF AGE--TWICE YEARLY THEREAFTER. IN COMMUNITIES WHERE THE DRINKING WATER IS NOT FLUORIDATED, A DENTIST SHOULD BE CONSULTED ABOUT AN AGE APPROPRIATE FLUORIDE TREATMENT PLAN.

WELL-CHILD VISITS SHOULD INCLUDE:

- DISCUSSION OF YOUR CHILD'S PHYSICAL AND BEHAVIOR PROBLEMS WITH THE PHYSICIAN.
- A HEALTH ASSESSMENT OF YOUR CHILD BY THE PHYSICIAN OR NURSE APPROVED TO PERFORM HEALTH ASSESSMENTS.
- IMMUNIZATIONS (SEE SCHEDULE)
- REPEAT IMMUNIZATION AS RECOMMENDED BY THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT.
- DISCUSSION OF YOUR CHILD'S HEALTH HISTORY SINCE THE LAST VISIT.
- WRITTEN INSTRUCTIONS CONCERNING YOUR CHILD'S CARE, DIET AND RECOMMENDATIONS FOR THE SOLUTION OF ANY SPECIAL HEALTH PROBLEMS.
- REFERRALS WHEN NECESSARY TO OTHER PERSONS FOR SPECIAL SERVICES.
- APPOINTMENT FOR NEXT WELL-CHILD VISIT.

RECOMMENDED IMMUNIZATION SCHEDULE

ANTIGEN	MINIMUM AGE TO START	ROUTINE IMMUNIZATION SCHEDULE	BOOSTER INTERVAL
MEASLES, MUMPS AND RUBELLA (MMR)	12 MONTHS OF AGE	1 DOSE GIVEN AT 12-15 MONTHS OF AGE	AT TIME OF SCHOOL ENTRY (4-6 YEARS OF AGE)
DIPHTHERIA, TETANUS PERTUSSIS (DTaP)	2 MONTHS OF AGE	3 DOSES GIVEN AT 2 MONTHS, 4 MONTHS, AND 6 MONTHS	AT 12-15 MONTHS OF AGE AND AT SCHOOL ENTRY (4-6 YEARS OF AGE)
POLIO (IPV) (Beginning 2000)	2 MONTHS OF AGE	3 DOSES GIVEN AT 2 MONTHS, 4 MONTHS AND 6-18 MONTHS	AT TIME OF SCHOOL ENTRY (4-6 YEARS OF AGE)
HEPATITIS B VACCINE (HBV) (Not required but recommended)	BIRTH	3 DOSES GIVEN AT BIRTH, 1-2 MONTHS AND 6 MONTHS AFTER 1 ST DOSE, BUT NOT BEFORE 6 MONTHS OF AGE	
HAEMOPHILUS INFLUENZA TYPE B (HIB) (Not required but recommended)	6 WEEKS OF AGE	ACTIVE HIB OR HIB TITER--3 DOSES GIVEN AT 2 MONTHS, 4 MONTHS, AND 6 MONTHS OF AGE OR PED VAX HIB--2 DOSES GIVEN AT 2 MONTHS AND 4 MONTHS	ACTIVE HIB OR HIB TITER--AT 12-15 MONTHS OF AGE PED VAX HIB--AT 12-15 MONTHS OF AGE
VARICELLA (VAR)* (Not required but recommended)	12 MONTHS OF AGE	1 DOSE GIVEN AT 12-18 MONTHS OF AGE WITH NO HISTORY OF DISEASE	11-12 YEARS OF AGE WITH NO HISTORY OF DISEASE OR CURRENT VACCINATION

May be posted or copies provided to parents.